

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3>		Complete if Known Application Number 10/814,146-Conf. #7347 Filing Date April 1, 2004 First Named Inventor Se Wan KIM Examiner Name L. B. Olsen Art Unit 3661 Attorney Docket No. 0630-1988PUS1	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 810.00			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES		
Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195
Total Claims 15 - 20 or HP x = Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.		Multiple Dependent Claims Fee (\$) Fee Paid (\$) Fee Paid (\$)
Indep. Claims 3 - 5 or HP x = Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets - 100 = Extra Sheets /50 = (round up to a whole number) x	Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)		
4. OTHER FEE(\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 810.00			

SUBMITTED BY Signature <i>James T. Eller, Jr.</i> Registration No. 39,538 Telephone (703) 205-8000 Name (Print/Type) James T. Eller, Jr. Date JUN 24 2009			
--	--	--	--